

Shuswap Ringette Association

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COVID-19 Assumption of Risk & Permission Form

BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED

PLEASE READ CAREFULLY!

Dr. Bonnie Henry stated on May 16, 2020 that "COVID-19 is new for all of us". We at the Shuswap Recreation Society and the City of Salmon Arm responded to the direction from our public health officials to first close our facilities and cease offering services. We are now responding to the direction to reopen our facilities and offer services to our community cautiously, with the safety of our staff and community being our priority.

COVID-19 remains a worldwide pandemic and a threat to our local health and safety. We know the following (this list is not intended to be exhaustive):

1. The infectious agent, SARS-CoV-2, has caused community transmission of a serious communicable and potentially fatal disease known as COVID-19 amongst the population of the Province of British Columbia;
2. Our public health officials have determined this constitutes a regional event, as defined in section 51 of the *Public Health Act*;
3. A person infected with SARS-CoV-2 can infect other people with whom the infected person comes into contact with.
4. The gathering of people in close contact with one another can promote the transmission of SARS-CoV-2 and increase the number of people who develop COVID-19.

We cannot be certain that a person (of any age) will not contract SARS-CoV-2 at one of our facilities and/or while participating in activities at those venues. We have taken the steps required to develop our COVID-19 Safety Plan, which is available for your review at www.salmonarmrecreation.ca. We have also developed COVID-19 policies and procedures, which are available for your review here as well. We have implemented our COVID-19 Safety Plan and will be applying our policies and procedures, but **the risk remains that a COVID 19 outbreak could occur despite our best efforts.**

It is vital that no person who feels sick in any way visit any of our facilities and/or utilize any of our services. We do not employ health professionals and do not screen for potential illness. It is also vital that no person bring a child to any of our facilities if the child is feeling unwell or showing any symptoms of illness. Again, we do not screen for same.

It is vital that any person who believes that they may have become ill within 14 days of visiting one of our facilities and/or while taking part in one of the user group activities or programs report this immediately to us

by contacting David Knight at dknight@salmonarmrecreation.ca and seek appropriate medical attention by first calling 8-1-1. We will share personal information for the purposes of contact tracing if the need arises. To attend our facilities and/or take part with any of our user groups you must consent to the same.

Please do not allow your child to participate in any of our user group activities or programs if your child has:

- experienced cold or flu-like symptoms within the last 14 days;
- been in close contact with anyone else who has had these symptoms in the last 14 days; or
- been in close contact with anyone else who has travelled outside of Canada in the last 14 days.

Please note: If your child is displaying symptoms of respiratory distress or illness, they will be asked not to participate.

Lastly, it is vital that we all be calm and compassionate throughout this pandemic. Any person who exhibits any aggression towards our staff or any other person in one of our facilities and/or programs will be asked to leave and not return.

If you would like more information regarding the risks associated with COVID-19 for children, please review the following BC CDC publications:

[COVID-19 Public Health Guidance for K-12 School Settings](#)

[COVID-19 Public Health Guidance for Child Care Settings](#)

I/we have read, understand and agree to the Assumption of Risk and Permission Form.	INITIAL HERE
I/we have reviewed the Assumption of Risk and Permission Form with my/our child and have instructed our child to listen to and follow the instructions provided	INITIAL HERE

Name of Child

Date

Signature of Parent/Guardian

Signature of Parent/Guardian

Print name clearly

Date

Telephone Number

Email Address

Signature

Both parents/guardians (if applicable) must initial and sign this form. Thank you.